

System Staffing and Comprehensive Operations Plan

System Name: _____ City/Town: _____ PWS ID#: _____

System Classification: COM ☐ NTNC ☐ NC ☐ (Check one)

Contract Operator(s) ☐ Licensed Staff ☐ No Certified Operator ☐ (Check one)

Operator Name: _____ Phone# _____ Grade/Cert# _____

Operator Name: _____ Phone# _____ Grade/Cert# _____

Operator Name: _____ Phone# _____ Grade/Cert# _____

Give a brief description of **proposed** operating practices including the number of hours per day, week, or month that the licensed operator will be at the facility. Include the name and telephone number of the person accepted by the licensed operator who will be responsible for the system in the absence of the licensed operator. (See notes below for further information.)

If the system is currently without a certified operator, provide a date by which a certified operator will be retained _____.

Please note the following:

1. The primary operator must be able to respond to emergencies within one hour during those times when he or she is not present at the facility.
2. The primary operator is responsible for the operation of the system during his or her absence between scheduled visits. The person(s) affiliated with the public water system are acting under the direction of the primary operator.
3. The PWS must have the ability to detect any malfunction in the operation of the facility/system in the absence of the primary operator.

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature

Date